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**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Oaks Family Care Center
Federal Tax ID Number	[REDACTED]
Street Address	4196 Center Road
City, State Zip code	Brunswick, OH 44212
County of Location Providing Services (One Application Per Location)	Medina
Address where ODH should Direct Payment	Same
Counties of Service <i>This location serves women from the following counties:</i>	Cuyahoga, Medina
Name of Person and Title completing application	Brenda Baer, Ministry Coordinator
Area Code/Phone Number	330-220-7777
Email	oakscare@aol.com

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;

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- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.
- III. **Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. Organization is eligible to receive Choose Life funds from the counties listed in Section I of this application if there are no eligible organization located within those counties.
- IV. **For Current Choose Life Organizations:** By June 1, 2016, you must submit the following with this Application:
- A. One (1) of the following three (3) forms of reporting for the previous year (June 1, 2015 to May 31, 2016) ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. **Notarized Financial Statement Form.** This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
 3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not

available at the time of application. This form may be found on the ODH website or available upon request; *and*,

4. A new Supplier Information Form. (if Organization has moved).

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Supplier Information Form

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Authorization Agreement for Direct Deposit of EFT Payments form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my

knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5-23-2016
Date


Signature of Person Completing Application

Brenda Baer, Ministry Coordinator
[Print Name & Title]

Application to be submitted to:

Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor
Columbus, OH 43215
Attention: Marius Igwe

Phone: 614.466.4634
Email: Marius.Igwe@odh.ohio.gov

Choose Life Fund Expenditure Form
SFY 16 July 1, 2015 through June 30, 2016
Due June 1, 2016

Agency Name		Oaks Family Care Center			
Tax ID #					
Contact Name		Brenda Baer			
Contact Phone #		330-220-7777			
Quarters	Total Expenditures 7/1/15 Thru 6/30/16	1st Quarter 7/1/15 Thru 9/30/15	2nd Quarter 10/1/15 thru 12/31/15	3rd Quarter 1/1/16 thru 3/31/16	4th Quarter 4/1/16 Thru 6/30/16
Carryover SFY 14 Amount	0				
Award Amount	3040				
Material Needs of Pregnant Women at 60%	\$ 1,824.00				
Clothing Costs	\$0.00				
Housing Costs	\$0.00				
Medical Care Costs	\$1,794.00	\$186.18	\$407.82		\$1,200.00
Food Costs	\$30.00		\$30.00		
Utilities Costs	\$0.00				
Transportation Costs	\$0.00				
Other Costs (Explain)	\$0.00				
Total Material Costs	\$1,824.00	\$186.18	\$437.82	\$0.00	\$1,200.00
+/- Award Amount	\$ -				
Direct Costs at 40%	\$ 1,216.00				
Counseling Costs	\$585.00	\$135.00	\$135.00	\$135.00	\$180.00
Training Costs	\$0.00				
Advertising Costs	\$631.00	\$298.17		\$131.45	\$201.38
Total Direct Costs	\$1,216.00	\$433.17	\$135.00	\$266.45	\$381.38
+/- Award Amount	\$ -				
Total Award Minus Materials and Direct Costs	\$ -				
Award Amount @ 10% (if less than 10% of total award. The amount must be carried forward until depleted.)	\$ 304.00				
Refund Due ODH (June 1, 2016)	\$ -				

Choose Life Fund Expenditure Form
(Instructions)

Note: According to the Compliance agreement for this award, 60 percent of the total award is assigned to Material Need Costs for pregnant women who are planning to place their children for adoption or for infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation; 40 percent of the award is assigned to Direct Costs to expenditures in counseling, training, and advertising. Section 3701.65 of the Ohio Revised Code and rule 3701.74 -01 of the Ohio Administrative Code prohibit the use of these funds for the purpose of administration, legal, or capital expenditure.

1. Complete the following information in the following order: Agency Name, Tax ID number, Contact Name, and Contact Phone number.
2. In the "Award Amount," enter the award amount in cell "B9." This is the SFY 17 award for the designated agency for the Choose Life Fund.
3. In the "Material Needs of Pregnant Women..." enter the total expenditures for the three months included in each quarter for the following categories: Clothing, Housing, Medical Care, Food, Utilities, and Transportation.
4. In the "Direct Costs..." enter the total expenditures for the three months included in each quarter for the following categories: Counseling, Training, and Advertising.
5. Column C represents "Total Expenditure" for all four quarters of SFY 17 (7/1/16 thru 6/30/17). Column C contains formulas which will total the four quarters for each category.
6. Funds unused funds which exceed ten percent of the money received during the previous years must be return to the Department of Health by June 1, 2016. If the amount is last than ten percent of the total award, the amount must be carried forward until depleted.

INVOICE

Invoice #: 0109
Invoice Date: 09/23/2016
Purchase Order #: DOH01-0000045588
OAKS Vendor #: 0000066179

Bill To: Ohio Department of Health
Bureau of Maternal, Child and Family Health
P.O. Box 118
Columbus, Ohio 43216

Remit To: Oaks Family Care Center, Inc.
4196 Center Road
Brunswick, Ohio 44212

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$1,020.00

Program Approval: *[Signature]*
Approval Date: 9/23/16 ok to pay

Grand Total

\$1,020.00

Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services MUST be included on the invoice.

Dept of Health

Supplier:
0000066179
OAKS FAMILY CARE CENTER INC
4198 CENTER RD
BRUNSWICK OH 44212

Dispatch via Print

Purchase Order	Date	Revision	Page
DOH01-0000045589	08/30/2016		1
Payment Terms	Freight Terms	Ship Via	
Net 30	FOB Destination, Prepaid	N/A	
Phone	Currency		
KENNON A HUGHES	USD		

Ship To: Dept of Health
P003574
KENNON A HUGHES
P.O. Box 118
(614) 466-3543
Columbus OH 43218-0118
United States

Bill To: Dept of Health
P.O. Box 118
(614) 466-3543
Columbus OH 43218-0118
United States

Line-Sch	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	1	AMT	1,020	1,020.00	
Choose Life Program					

Schedule Total 1,020.00

Item Total 1,020.00

ODH Contact: Marius Igwe 614-466-4634 Contract# 8038

Total PO Amount 1,020.00

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head

Richard Hodges, MPA
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.





OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard I. Hodges/Director of Health

Brenda Baer, Ministry Coordinator
Oaks Family Care Center
4196 Center Road
Brunswick, OH 44212

Tax ID: [REDACTED]

Dear Ms. Baer:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Medina \$ 1,020.00

The application(s) was not approved for funding in the following county(s) for the following reason(s):

- Cuyahoga Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$1,020.00 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or phone 614-466-4634.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard I. Hodges", is written over a horizontal line.

Richard I. Hodges, MPA
Director of Health